



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Division of Health Professions Licensure

Board of Registration in Pharmacy
239 Causeway Street, 5th Floor, Boston, MA 02114
617-727-9953 (office) 617-727-2366 (fax)
www.mass.gov/reg/boards/ph

MITT ROMNEY
GOVERNOR
KERRY HEALEY
LIEUTENANT GOVERNOR
RONALD PRESTON
SECRETARY
CHRISTINE C. FERGUSON
COMMISSIONER

APPLICATION FOR CERTIFICATE OF FITNESS
Manager of Record Must Complete Application. Fee: \$120.00

BOARD USE ONLY	
Board	_____
License #	_____
Type	_____
Cash #	_____
Cash Date	_____

I, _____ (name), at _____ (telephone),

BOARD USE ONLY		
Status Code	Issue Date	Lic. Exp. Date
_____	_____	_____

of _____ (street address), _____ (city),

_____ (state), _____ (zip code), a registered pharmacist, certificate number _____ being now actively engaged in conducting a retail drug business as sole owner or Manager of Record for the firm/ corporation of _____ do hereby apply for **CERTIFICATE OF FITNESS**, claiming to be a proper person to be entrusted with the authority to:

- 1) Use alcohol for the manufacture of United States Pharmacopeia and National Formulary preparations and all medicinal preparations unfit for beverage purposes,
- 2) Sell, in accordance with the laws of the Commonwealth, alcohol and alcoholic liquors, and that the public good will be promoted by the granting of such license.

I have _____ (give dollar amount) invested in said retail business and will comply with the laws of this Commonwealth and the regulations of the Board relating to the use and sale of the alcohol and alcoholic liquors.

I certify that I have not been convicted of a violation of said laws within one year prior to the date of this application.

I agree to notify the board at once if I cease to conduct the retail drug business at the above location and will return the certificate issued thereon.

Signed_____

Date_____

Please submit non-refundable check or money order for \$120.00 payable to the Commonwealth of Massachusetts.

- Please do not write below this line -

Check _____
Number_____

M.O. _____
Date _____